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Substitute for form 1449B/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)				<b>Complete If Known</b>	
				Application Number	10/659,735
				Filing Date	09/09/2003
				First Named Inventor	Antoni Kozlowski
				Art Unit	1618
				Examiner Name	Blessing M. FUBARA
				Attorney Docket Number	SHE0064.00
Sheet	1	of	1		

[illegible]

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

**1** Applicant's unique citation designation number (optional). **2** Applicant is to place a check mark here if English language Translation is attached.

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